# **VACCINE ACCOUNTABILITY - LOCAL PUBLIC HEALTH AGENCY**

(See instructions for completing this report on reverse side)

Rev 8-07

ACCOUNTABILITY PERIOD: from \_\_\_\_\_\_ to \_\_\_\_\_

| .CCOU                                  | 1-6 Yrs                        | 7-18 Yrs   | Total   |  |   | V   | FC Categor   | у   |  | <1 Yr   | 1-6 Yrs  | 7-18 Yrs   | Total   |  | Non VFC   | <1 Yr   | 1-6 Yrs  | 7-18 Yrs   | 19-64 Yrs   | 65+ Yrs  | Total                                   |  |
|--|--------------------------------|--|---|--|---|---|--|---|--|---|--|--|---|--|---|---|--|--|---|--|---|--|
| ccou                                   | JNTAE                          |  |   |  |   |   |  |   |  |   |  | 7 10 110   |   |  |   |   |  |  |   |  |   |  |
| CCOL                                   | JNTAE                          |  |   |  | UNINSURE  |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| CCOL                                   | JNTAE                          |  |   |  | AMERICAN INDIAN / ALASKAN NATIVE                                  |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| CCOL                                   | JNTAE                          |  |   |  |   | total uninsured & American Indian / Alaskan Native  of include privately-purchased vaccine unless it is repla |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
|  |                                | BILITY   | (Do no  | t inclu  | de priva  | tely-pur  | chased   | vaccine   | unless   | it is re  | eplace   | ment va  | iccine)   |  |   |   |  |  |   |  |   |  |
|  |                                | DTaP   | DTaP/<br>HB/IPV   | DT   | IPV   | Нер А   | Hep A/<br>Hep B 18   | Нер В   | Hep B<br>adult   | Hep B/<br>Hib   | Hib  | HPV  | MCV4  | MMR  | MMRV  | Pneumo<br>23  | PNU 7  | Rotavirus  | Td  | Tdap   | Varicella                               |  |
| Last Reported Actual Vaccine     Count |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| ed                                     |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| erred Out                              |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| d/Expired                              |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| 5. Doses Administered                  |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| 6. Inventory Should Be                 |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| 7. Actual Vaccine Count                |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| 8. Unaccounted (+ or -)                |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| /ASTA                                  | AGE                            |  |   |  |   |   |  |   |  |   |  |  |   |  |   |   |  |  |   |  |   |  |
| Vaccine                                |                                | No. of Doses   |   | Lot No.  |   | NDC No. (located on box)  |  | Manufacturer  |  | Expiration<br>Date  |  | Explanation*   |   | * Use one of the following reasons in the "Explanation" column for each of the non-viable vaccines:  |   |   |  |  |   |  |   |  |
|  |                                |  |   |  |   |   |  |   |  |   |  |  | Expired vaccine   |  |   |   | Failure to store vaccine     properly upon receipt   |  |   |  |   |  |
|  |                                |  |   |  |   |   |  |   |  |   |  |  | Natural Disaster/Power     Outage   |  |   | •   | Vaccine spoiled in transit     (Freeze or Warm Monitor activated)  |  |   |  |   |  |
|  |                                |  |   |  |   |   |  |   |  |   |  |  |   |  |   | o 7. Mechanical Failu   |  | ailure   |   |  |   |  |
|  |                                |  |   |  |   |   |  |   |  |   |  |  | Refrigerator temperature too cold   |  |   | re  | 8. Spoiled: Other  |  |   |  |   |  |
|  | _                              | _  |   |  |   |   |  |   |  |   |  | _  |   |  | 9. Other  |   |  | er: Specif   | : Specify   |  |   |  |
| eccentric did/F                        | red Out Expired  Be ount Or -) | red Out  Expired  red  Be  ount  Or -)  ASTAGE  No. of | d red Out  Expired  red  Be  ount  ASTAGE  No. of Doses | d red Out  Expired  red  Be  ount  or -)  ASTAGE | d red Out  Expired  Be ount  Or -)  ASTAGE  No. of Doses  Lot No. | d red Out  Expired  Be ount  Or -)  ASTAGE  No. of Doses  Lot No. (located)                                   | d red Out  Expired  red  Be  ount  or -)  ASTAGE  No. of Doses  Lot No. (located on box) | d red Out  Expired Be ount or -)  ASTAGE  No. of Doses Lot No. (located on box) Manuf | d red Out  Expired  Be ount or -)  ASTAGE  No. of Doses Lot No. (located on box)  Manufacturer | d red Out  Expired  Ped  Be  Ount  Or -)  ASTAGE  No. of Doses  Lot No. (located on box) Manufacturer  Da | red Out  Expired  Be  ount  or -)  ASTAGE  No. of Doses  Lot No. (located on box) Manufacturer  Date | d red Out Expired  red  Be ount or -)  ASTAGE  No. of Doses Lot No.  No. of Doses  No. of | d red Out Expired  Ped Be Ount Or -)  ASTAGE  No. of Doses Lot No.  NDC No. (located on box) Manufacturer  Expiration Date Explanation* | d red Out  Expired red  Be ount  No. of Doses Lot No. (located on box) Manufacturer Expiration Date Explanation*  1. Expiration 1. Expiration Outs 2. Nature Outs 3. Refri too of the control of the control outs 4. Refri too of the c | red Out  Expired  Be  Ount  No. of Doses  Lot No.  NDC No. (located on box)  Manufacturer  Expiration Date  Explanation*  * Use one of the feach of the non- 1. Expired vaccin 2. Natural Disast Outage 3. Refrigerator /Fr warm (specify warm (specify 4. Refrigerator te too cold | ASTAGE  No. of Doses Lot No. (located on box) Manufacturer Date Explanation*  No. of Doses Lot No. (located on box) Manufacturer Date Explanation*  1. Expired vaccine 2. Natural Disaster/Power Outage 3. Refrigerator/Freezer to warm (specify) 4. Refrigerator temperatur too cold | ASTAGE  No. of Doses Lot No. (located on box) Manufacturer Expiration Date Explanation*    Security   Security | d red Out  Expired   Be  Ount   No. of Doses Lot No. (located on box)   Manufacturer   Expiration Date   Explanation*    Expired   Expired   Expiration   Expiration Date   Expired vaccines    1. Expired vaccine   5. Failure proper    2. Natural Disaster/Power   6. Vaccine    3. Refrigerator/Freezer too   7. Mec warm (specify)    4. Refrigerator temperature   8. Spoil too cold    9. Other | red Out  Be  No. of Doses Lot No. NDC No. (located on box) Manufacturer Date Expiration Date Explanation acan of the non-viable vaccines:  1. Expired vaccine 5. Failure to storn properly upon 2. Natural Disaster/Power Outage 3. Refrigerator/Freezer to warm (specify) 4. Refrigerator temperature too cold 9. Other: Specifi | red Out  Be No. of Doses Lot No. (located on box) Manufacturer Date Expiration each of the non-viable vaccines:  1. Expired vaccine properly upon receipt 2. Natural Disaster/Power Outage 3. Refrigerator/Freezer too warm (specify) 4. Refrigerator temperature too cold varies (specify)  9. Other: Specify | red d d d d d d d d d d d d d d d d d d |  |

# INSTRUCTIONS FOR COMPLETING THE VACCINE ACCOUNTABILITY REPORT (LPHA)

The Vaccine Accountability report is to be completed at the end of each month and submitted to the Vaccines for Children (VFC) Program by the 10<sup>th</sup> of the following month. (VFC address and fax number are provided below.)

#### NUMBER OF PATIENTS SERVED DURING THIS ACCOUNTING PERIOD (Use Vaccine Accountability Tally Sheets)

From the Totals section, summarize the number of patients vaccinated according to their VFC eligibility category and age group. Use the Non-VFC blocks to indicate the number of patients by age category vaccinated with other federal funded vaccines.

## VACCINE ACCOUNTABILITY (Do not include privately-purchased vaccine unless vaccine replacement)

- 1. Last Reported Actual Vaccine Count: Refer to your last Vaccine Accountability Report to complete this item. Record the number of doses of each vaccine reported in your inventory (#7 Actual Vaccine Count) at that time.
- 2. Vaccine Received: Indicate the number of doses of each vaccine received from the distributor, other clinics, or replacement vaccine during this accountability period.
- Transferred Out: Indicate the number of doses of each vaccine that you transferred to another clinic during this accountability period.
- 4. Vaccine Waste/Expired: Indicate the number of doses of each vaccine that was wasted or expired during this accountability period.
- 5. Doses Administered: Using the totals under the "Vaccines Administered" columns on the Vaccine Accountability Tally Sheet, summarize the number of doses of each vaccine administered during this accountability period.
- 6. Inventory Should Be: Use the following formula to calculate the amount of each vaccine that should be in your inventory at this time:
  - a) Add #1 (Last Reported Actual Vaccine Count) and #2 (Vaccine Received)
  - b) Subtract #3 (Vaccine Transferred Out), #4 (Vaccine Wasted/Expired), and #5 (Doses Administered) from the total obtained in the process of adding #1 and #2. (1 + 2 3 4 5 = 6)
- 7. Actual Vaccine Count: Count and record the amount of each vaccine currently in your refrigerator(s) and freezer(s). (6 should = 7)
- 8. Unaccounted (+ or -): Determine the amount of unaccounted vaccine during this accountability period by subtracting #7 (Actual Vaccine Count) from #6 (Inventory Should Be). Use the "+" sign if the amount in #7 is larger than #6. Use the "-" sign if the amount in #6 is larger than #7 and report this vaccine in the Vaccine Wastage section of this report. (6 7 = 8)

If the percentage of unaccounted vaccine is high, efforts should be made to determine the cause (i.e., administered doses are not accurate, transferred vaccine was not indicated, wasted/expired vaccine was not indicated.)

## **VACCINE WASTAGE**

Report all wasted/expired vaccine, providing <u>all</u> requested information, including: vaccine name, number of doses, lot number, NDC number, manufacturer, expiration date, and explanation.

\*In the event of equipment breakdown, the vaccine should be moved to another unit as soon as possible. Contact the Vaccines for Children customer service representative at **800-219-3224** for assistance.

Unopened vials of expired or wasted vaccine should be returned to the vaccine distributor, McKesson via UPS. Complete the Vaccine Return Packing Slip, following instructions on the form. Questions should be directed to the VFC Program at 800-219-3224.

Return completed form to:

Vaccines for Children Program

Missouri Department of Health and Senior Services
PO Box 570

Jefferson City, MO 65102

Phone: 800-219-3224 FAX: 573-526-5220